



PART B - FEE(S) TRANSMITTAL

plete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450 (703)746-4000

PICTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where parists. All further correspondence including the Pasent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as fated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the profit of the

colions. Wence address duck cepty was up with by continual broof

7590

06/13/2003

WILLIAM M. BLACKSTONE PATENT DEPARTMENT INTERVET INC. **405 STATE STREET** MILLSBORO, DE 19966

Note: A certificate of mailing can only be used for domestic mailings of the Foc(s). Transmittel. This certificate cannot be used for any other secondanying apoers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or maintassion.

Certificate of Mailing or Treasmission
I hereby certify that this Fee(s) Transmittal is being deposited with the
United States Postal Service with sufficient postage for first class mail in an
envelope addressed to the Box Issue Fee address above, or being facsimile
reasmitted to the USPTO, on the date indicated below.

Mark W. Wils	ead popular
Mack W. My	Fig. // Super
Bester bac 1	

ATTORNEY DOCKET NO. FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. FILING DATE 2000.552 US 09/839,796 04/19/2001 Heinz-Augen HJ. Thiel

TITLE OF INVENTION: PESTIVIRUS MUTANTS AND VACCINES CONTAINING THE SAME

4 000 to destruct	I Desait Samuel	ESSUE FEE	PUBLICATION F	E TOTAL PEE(S) DUE	DATE DUE		
APPLN. TYPE	NO	\$1300	\$300	\$1600	09/15/2003		
EXAMINER		ART UNIT	CLASS-SUBCLASS				
POLEY, SH	ANON A	1648	424-218100		_		
). Change of corresponder CFR 1.363).	sce address or indication (	of "Fee Address" (37	2. For printing on the pat the names of up to 3 regi or agents OR, alternative	stored patent attorneys   MOVK	W. Milsten		
O Change of correspond Address form PTO/SB/I	ence address (or Change ( 22) attached.	об Солгазропаванов	single firm (having as a	member a registered	m M. Blacksto		
O "Fee Address" indicati PTO/SB/47; Rev 03-02 Number is required.	ion (or "Fee Address" Ind or more recent) attached.	leation form Use of a Customer	registered patent attorneys is listed, no name will be p	or agents. If no mame	<del></del>		
. ASSIGNEE NAME AND				•			
PLEASE NOTE: Unless of been previously submitted (A) NAME OF ASSIGNE	to the USP I U or is being	submitted under separate	ill appear on the patent. Inch : cover. Completion of this fo !SIDENCE; (CITY and STA)	usion of assignce data is only appropriated in its NOT a substitute for filing an assign.	ste when as assignment highment.		
		· · · · · · · · · · · · · · · · · · ·		• -			
AKZO Nobe	1 144	•	the Netherla	rd 5			
Mease check the appropriate	assignee entegory or cab	garies (will not be printe	d on the patent) O indi	vidual Queerporation or other private	group entity Q governme		
a. The following fee(s) are	enclused:		4b. Payment of Foc(s):				
El Issue Fee			A check in the amount of the for(s) is enclosed.				
Publication Fcc	rication rec		remost by credit card. Form PTO-2038 is attached.				
Chidvance Order - # of C	Copies [U	C) The Depos	te Commissioner is hereby authorized by charge the required (cc(s), or credit any overpayment, t asir Account Number(eaclose an extra copy of this form).				
Commissioner for Patents is	requested to apply the La	sue Fee and Publication F	ec (if say) or to re-apply any	previously paid issue fee to the applica	tion identified above.		
Authorized Signature)	. Miller	(Date)	Lan 12.2015				
NOTE: The Issue Fee un other than the applicant; interest as shown by the re	a remistered attempty or	acent: or the assistance of	r other party in-1	·			
This collection of information of the problem of retain a benefit opplication. Confidentiality estimated to take 12 minus completed application for case. Any comments on suggestions for reducing Patient and Trademark 22312-1450. DO NOT SECTION OF SECTIO	uten is required by 3? C by the public which is to y is governed by 35 U.S.C tes to complete, including in to the USPTO. Time the amount of time you have build by se	FR 1.311. The information of lie (and by the USPIT)  122 and 37 CFR 1.14. It gathering preparing an will vary depending upon require to complete to the full property of the Chief Information and the the Chief Information and t	on is required to  to process) an  finis collection is  if submitting the  n the individual  this form and/or  no Officer U.S.	•			
Palent and Trademark   22313-1450, DO NOT S SEND TO: Commissioner	Office, U.S. Department SEND FEES OR COMP for Patents, Alexandria, 1	t of Commerce, Alexa LETED FORMS TO TI Victinia 22313-1450.	indria, Virginia (IS ADDRESS.				

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are require collection of information unless it displays a valid OMB control number.

U.S. Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE